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II

109TH CONGRESS
2D SESSION

S. 2823

To provide life-saving care for those with HIV/AIDS.

IN THE SENATE OF THE UNITED STATES

MAY 17, 2006

Mr. ENZI (for himself, Mr. KENNEDY, Mr. HATCH, Mr. DEWINE, Mr. BURR, and Mr. FRIST) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To provide life-saving care for those with HIV/AIDS.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Ryan White HIV/
5 AIDS Treatment Modernization Act”.

6 **TITLE I—EMERGENCY RELIEF**
7 **FOR ELIGIBLE AREAS**

8 **SEC. 101. ESTABLISHMENT AND GENERAL ELIGIBILITY.**

9 (a) IN GENERAL.—Section 2601 of the Public Health
10 Service Act (42 U.S.C. 300ff–11) is amended by striking
11 subsections (b) through (d) and inserting the following:

1 “(b) CONTINUED STATUS AS ELIGIBLE AREA.—Not-
 2 withstanding any other provision of this section, a metro-
 3 politan area shall continue to be eligible to receive a grant
 4 under this part until such area, for three consecutive grant
 5 years, fails to meet the requirements of subsection (a).”.

6 (b) DEFINITION.—Section 2607(2) of the Public
 7 Health Service Act (42 U.S.C. 300ff–17(2)) is amended
 8 by adding at the end the following: “For purposes of de-
 9 termining eligibility under this part, the boundaries of
 10 each metropolitan area shall be the boundaries that were
 11 in effect for each such area for fiscal year 1994.”.

12 **SEC. 102. LIVING CASES OF HIV/AIDS.**

13 (a) IN GENERAL.—Section 2601(a) of the Public
 14 Health Service Act (42 U.S.C. 300ff–11(a)) is amended
 15 by striking “for which there” and all that follows through
 16 “available” and inserting “for which there is reported to
 17 and confirmed by the Director of the Centers for Disease
 18 Control and Prevention a cumulative total of more than
 19 2,000 cases of AIDS for the most recent period of 5 cal-
 20 endar years for which such data are available”.

21 (b) DISTRIBUTION BASED ON LIVING CASES OF HIV/
 22 AIDS.—Section 2603(a)(3) of the Public Health Service
 23 Act (42 U.S.C. 300ff–13(a)(3)) is amended—

24 (1) in subparagraph (B), by striking “cases of
 25 acquired immune deficiency syndrome” and inserting

1 “cases of HIV/AIDS (reported to and confirmed by
2 the Director of the Centers for Disease Control and
3 Prevention)”;

4 (2) by striking subparagraphs (C) and (D) and
5 inserting the following:

6 “(C) LIVING CASES OF HIV/AIDS.—

7 “(i) IN GENERAL.—Except as pro-
8 vided for in clauses (ii) and (iii), the
9 amount determined in this subparagraph is
10 the number of living cases of HIV/AIDS
11 (reported to and confirmed by the Director
12 of the Centers for Disease Control and
13 Prevention) through December 31 of the
14 most recent calendar year.

15 “(ii) FISCAL YEARS 2007 THROUGH
16 2010.—For each of fiscal years 2007
17 through 2010, the Secretary may use the
18 proxy number for the number of HIV cases
19 described in clause (iii) if—

20 “(I) the State involved—

21 “(aa) is reporting, or the
22 State will by October 1, 2006
23 have submitted a transition plan
24 for reporting, accurate and reli-
25 able HIV cases to the Director of

1 the Centers for Disease Control
2 and Prevention; or

3 “(bb) not later than October
4 1, 2006, make all necessary stat-
5 utory changes to allow for the
6 collection of HIV data certified
7 by the Director of the Centers
8 for Disease Control and Preven-
9 tion;

10 “(II) the State involved will by
11 April 1, 2008, begin reporting accu-
12 rate and reliable HIV cases, as deter-
13 mined by the Director of the Centers
14 for Disease Control and Prevention;
15 and

16 “(III) the Director of the Centers
17 for Disease Control and Prevention
18 has determined that such State does
19 not have an established HIV surveil-
20 lance system.

21 “(iii) AMOUNT DETERMINED.—With
22 respect to each of fiscal years 2007
23 through 2010, the amount determined
24 under this subparagraph shall be the lesser
25 of—

1 “(I) the product of 0.9 and the
2 number of living AIDS cases in the
3 area involved; or

4 “(II) an amount equal to 110
5 percent of the funding level for the
6 previous fiscal year, taking into ac-
7 count the shift of the formula pool
8 from 0.5 to 0.67 in fiscal year 2006.”;
9 and

10 (3) by redesignating subparagraph (E) as sub-
11 paragraph (D).

12 (c) APPLICATION.—Section 2604(b)(4)(A) of the
13 Public Health Service Act (42 U.S.C. 300ff–14(b)(4)(A))
14 is amended—

15 (1) by striking “acquired immune deficiency
16 syndrome” and inserting “HIV/AIDS”; and

17 (2) by striking “such syndrome” and inserting
18 “HIV/AIDS”.

19 (d) COORDINATION.—Section 2605(b) of the Public
20 Health Service Act (42 U.S.C. 300ff–15(b)) is amended—

21 (1) in paragraph (3), by striking “and” at the
22 end;

23 (2) in paragraph (4), by striking the period and
24 inserting a semicolon; and

25 (3) by adding at the end the following:

1 “(5) the manner in which the expected expendi-
 2 tures under the grant are related to the planning
 3 process for States that receive funding under part B
 4 (including the planning process described in section
 5 2617(b)); and

6 “(6) the expected expenditures under the grant
 7 and how those expenditures will improve overall cli-
 8 ent outcomes, as described under the State plan
 9 under section 2617(b), or through additional out-
 10 comes measures.”.

11 **SEC. 103. TYPE AND DISTRIBUTION OF GRANTS.**

12 (a) DISTRIBUTION OF FUNDS.—Section 2603(a)(2)
 13 of the Public Health Service Act (42 U.S.C. 300ff-
 14 13(a)(2)) is amended by striking “50 percent” and insert-
 15 ing “66²/₃ percent”.

16 (b) EMERGENCY GRANTS.—Section 2603(a)(3)(E) of
 17 the Public Health Service Act (42 U.S.C. 300ff-
 18 13(a)(3)(E)) is amended to read as follows:

19 “(E) UNEXPENDED FUNDS.—

20 “(i) IN GENERAL.—An eligible area
 21 that has unobligated funds for a fiscal year
 22 under a grant under this part shall—

23 “(I) return such funds to the
 24 Secretary to be applied as provided
 25 for in subsection (b); or

1 “(II) submit an application to
2 the Secretary for the use of such
3 funds in the succeeding fiscal year
4 that includes a description of the
5 manner in which the area intends to
6 use such funds.

7 “(ii) CARRYOVER.—With respect to
8 an application received under clause (i)(II),
9 the Secretary shall determine whether the
10 area involved may carryover any unobli-
11 gated funds for use under this part in the
12 succeeding fiscal year or whether such
13 amounts shall be returned to the Secretary
14 for use under subsection (b). Notice shall
15 be provided to the area of such determina-
16 tion.

17 “(iii) FAILURE TO EXPEND FUNDS.—
18 Amounts carried over by an eligible area
19 under this subparagraph that are not ex-
20 pended in the succeeding fiscal year shall
21 be returned to the Secretary for use under
22 subsection (b).

23 “(iv) CONSIDERATION IN MAKING
24 GRANTS.—The Secretary may, in deter-
25 mining the amount of a grant for a fiscal

1 year under this paragraph, adjust the
2 grant amount to reflect the amount of un-
3 expended and uncanceled grant funds re-
4 maining at the end of the fiscal year pre-
5 ceding the year for which the grant deter-
6 mination is to be made. The amount of
7 any such unexpended funds shall be deter-
8 mined using the financial status report of
9 the grantee.”.

10 (c) HOLD HARMLESS.—Section 2603(a)(4) of the
11 Public Health Service Act (42 U.S.C. 300ff-13(a)(4)) is
12 amended to read as follows:

13 “(4) INCREASES IN GRANT.—

14 “(A) IN GENERAL.—For eligible areas re-
15 ceiving grants under this section in fiscal year
16 2007, the Secretary shall increase the amount
17 of the grant made pursuant to paragraph (2)
18 for the area to ensure that—

19 “(i) for fiscal year 2007, the grant is
20 not less than 90 percent of the amount of
21 the grant made for the eligible area pursu-
22 ant to such paragraph for the base year;

23 “(ii) for fiscal year 2008, the grant is
24 not less than 85 percent of the amount of
25 such base year grant; and

1 “(iii) for fiscal year 2009, the grant is
2 not less than 80 percent of the amount of
3 the base year grant.

4 “(B) BASE YEAR.—With respect to grants
5 made pursuant to paragraph (2) for an eligible
6 area, the base year shall be fiscal year 2006.”.

7 **SEC. 104. CORE MEDICAL SERVICES.**

8 Section 2604 of the Public Health Service Act (42
9 U.S.C. 300ff-14) is amended by adding at the end the
10 following:

11 “(h) REQUIRED FUNDING FOR CORE MEDICAL
12 SERVICES.—

13 “(1) IN GENERAL.—Notwithstanding any other
14 provision of law, a grantee under this part shall ex-
15 pend not less than 75 percent of the funds received
16 under the grant on core medical services, except that
17 the Secretary shall waive the application of this sub-
18 section with respect to a grantee if the Secretary de-
19 termines that, within the service area of the grant-
20 ee—

21 “(A) there is no waiting lists for AIDS
22 Drug Assistance Program services; and

23 “(B) core medical services are available to
24 all individuals infected with HIV/AIDS.

1 “(2) CORE MEDICAL SERVICES.—For purposes
2 of this subsection, the term ‘core medical services’
3 with respect to an individual infected with HIV/
4 AIDS (including the co-occurring diseases of the in-
5 dividual) means the following services:

6 “(A) Outpatient and ambulatory health
7 services.

8 “(B) AIDS Drug Assistance Program
9 treatments.

10 “(C) AIDS pharmaceutical assistance.

11 “(D) Oral health care.

12 “(E) Early intervention services.

13 “(F) Health insurance premium and cost
14 sharing assistance for low-income individuals.

15 “(G) Home health care.

16 “(H) Hospice services.

17 “(I) Home and community-based health
18 services as defined under section 2614(c), ex-
19 cept homemaker services.

20 “(J) Mental health services.

21 “(K) Substance abuse outpatient care.

22 “(L) Medical case management, including
23 treatment adherence services.

24 “(3) SUPPORT SERVICES.—Notwithstanding
25 any other provision of law, and subject to paragraph

(1), a grantee under this part, subject to the approval of the Secretary, may provide support services (such as respite care for individuals with HIV/AIDS, outreach services, medical transportation, nutritional counseling, linguistic services, and referral for health care and support services for individuals with HIV/AIDS) needed to achieve medical outcomes which are related to the medical outcomes for an individual infected with HIV and approved by the Secretary.

“(4) DEFINITION OF MEDICAL OUTCOMES.—In this subsection, the term ‘medical outcomes’ means those outcomes affecting the HIV-related clinical status of an individual with HIV/AIDS.

“(5) UNEXPENDED FUNDS.—Any amounts required to be expended for core medical services or support services under this subsection that remain unobligated at the end of the fiscal year in which the funds were awarded shall be remitted to the Secretary for reallocation under section 2603(b).”.

SEC. 105. SUPPLEMENTAL GRANTS.

Section 2603(b) of the Public Health Service Act (42 U.S.C. 300ff-13(b)) is amended—

(1) by striking “severe need” each place that such appears and inserting “demonstrated need”;

(2) in paragraph (1)—

1 (A) in the matter preceding subparagraph
2 (A), by striking “Not later than” and all that
3 follows through “the Secretary shall” and insert
4 “The Secretary shall”;

5 (B) by striking subparagraph (F) and in-
6 serting the following:

7 “(F) demonstrate the inclusiveness of af-
8 fected communities and individuals with HIV/
9 AIDS;”;

10 (C) in subparagraph (G), by striking the
11 period and inserting “; and”; and

12 (D) by adding at the end the following:

13 “(H) demonstrate the ability of the appli-
14 cant to expend funds efficiently by not having
15 any unexpended funds reallocated under section
16 2603(a)(3)(E).”;

17 (3) in paragraph (2)—

18 (A) by striking subparagraph (B) and in-
19 serting the following:

20 “(B) DEMONSTRATED NEED.—In deter-
21 mining demonstrated need for purposes of sub-
22 paragraph (A), the Secretary shall consider rel-
23 evant factors that impact the need for supple-
24 mental financial assistance, including—

1 “(i) the unmet need for such services,
2 as determined under section 2602(b)(4) or
3 other community input process as defined
4 under section 2609A(a);

5 “(ii) an increasing need for HIV/
6 AIDS-related services, including relative
7 rates of increase in the number of cases of
8 HIV/AIDS;

9 “(iii) the relative rates of increase in
10 the number of cases of HIV/AIDS within
11 new or emerging subpopulations;

12 “(iv) the current prevalence of HIV/
13 AIDS;

14 “(v) relevant factors related to the
15 cost and complexity of delivering health
16 care to individuals with HIV/AIDS in the
17 eligible area;

18 “(vi) the impact of co-morbid factors,
19 including co-occurring infections, deter-
20 mined relevant by the Secretary;

21 “(vii) the prevalence of homelessness;

22 “(viii) the prevalence of individuals
23 described under section 2602(b)(2)(M);

24 “(ix) the relevant factors that limit
25 access to health care, including geographic

variation, adequacy of health insurance coverage, and language barriers; or

“(x) the impact of a precipitous decline in the amount received under this subpart to an increase in unmet need for such services.”; and

(B) by striking subparagraphs (C) and (D).

9 SEC. 106. ADMINISTRATIVE COSTS.

Section 2604(f) of the Public Health Service Act (42 U.S.C. 300ff-14(f)) is amended—

(1) in paragraph (1), by striking “5 percent” and inserting “10 percent”; and

(2) in paragraph (2)(B), by inserting “the activities carried out by HIV health services planning council as established under section 2602(b),” after “including”.

18 SEC. 107. AUDITS.

Section 2605(a) of the Public Health Service Act (42 U.S.C. 300ff-15(a)) is amended—

(1) in paragraph (8), by striking “and” at the end;

(2) in paragraph (9), by striking the period and inserting “; and”; and

(3) by adding at the end the following:

“(10) that the chief elected official will submit to the lead State agency under section 2617(b)(4), audits regarding funds expended in accordance with this part every 2 years and shall include necessary client-based data to compile unmet need calculations and Statewide coordinated statements of need process.”.

SEC. 108. PLANNING COUNCIL REPRESENTATION.

Section 2602(b)(2)(G) of the Public Health Service Act (42 U.S.C. 300ff-12(b)(2)(G)) is amended by inserting “, Native Americans, individuals co-infected with hepatitis B or C” after “disease”.

SEC. 109. PAYER OF LAST RESORT.

Section 2605(a)(6)(A) of the Public Health Service Act (42 U.S.C. 300ff-15(a)(6)(A)) is amended by inserting “(except for a program administered by or providing the services of the Indian Health Service)” before the semicolon.

SEC. 110. TRANSITIONAL GRANTS FOR OTHER AREAS.

(a) IN GENERAL.—Part A of title XXVI of the Public Health Service Act (42 U.S.C. 300ff-11) is amended—

(1) by inserting after the part heading the following:

1 **“Subpart I—General Grant Provisions”;**

2 (2) by redesignating sections 2606 and 2607 as
3 sections 2610 and 2610A, respectively; and

4 (3) by adding at the end the following:

5 **“Subpart II—Transitional Grants**

6 **“SEC. 2609. ESTABLISHMENT.**

7 “(a) ELIGIBLE AREAS.—

8 “(1) IN GENERAL.—The Secretary, acting
9 through the Administrator of the Health Resources
10 and Services Administration, shall, subject to sub-
11 section (b), make grants in accordance with this sub-
12 part for the purpose of assisting in the provision of
13 the services specified in section 2604 in any metro-
14 politan area—

15 “(A) for which there has been reported to
16 and confirmed by the Director of the Centers
17 for Disease Control and Prevention a cumu-
18 lative total of at least 1,000, but less than
19 2,000, cases of acquired immune deficiency syn-
20 drome for the most recent period of 5 calendar
21 years for which such data are available; and

22 “(B) for which there has been reported to
23 and confirmed by the Director of the Centers
24 for Disease Control and Prevention a cumu-
25 lative total of at least 500, but less than 1,000,
26 cases of acquired immune deficiency syndrome

1 for the most recent period of 5 calendar years
2 for which such data are available.

3 “(2) ADDITIONAL ELIGIBLE AREAS.—With re-
4 spect to fiscal year 2007, a metropolitan area that
5 received funding under this part for fiscal year 2006
6 but which does not meet the eligibility threshold de-
7 scribed in paragraph (1)(A) for fiscal year 2007
8 shall be deemed to be eligible under such paragraph
9 (1)(A).

10 “(b) CONTINUED STATUS AS ELIGIBLE AREA.—Not-
11 withstanding any other provision of this section, a metro-
12 politan area shall continue to be eligible to receive a grant
13 under this section until such area, for three consecutive
14 grant years, fails to meet the applicable requirement of
15 subparagraph (A) or (B) of subsection (a)(1) concerning
16 the number of living cases of AIDS over the most recent
17 5-year period.

18 **“SEC. 2609A. APPLICATION OF OTHER PROVISIONS.**

19 “(a) ADMINISTRATION.—

20 “(1) IN GENERAL.—The provisions of section
21 2602 shall apply to areas that receive a grant under
22 this subpart, except that the chief elected official
23 may elect not to comply with the provisions of sub-
24 section (b), so long as the official provides docu-
25 mentation to the Secretary that details the process

1 used to obtain community input (particularly from
 2 those inflected with HIV) for the design and imple-
 3 mentation of activities related to such grant.

4 “(2) EXCEPTION.—The exception provided for
 5 in paragraph (1) shall not apply in fiscal years 2007
 6 through 2009 to areas that receive funding under
 7 this part.

8 “(b) DISTRIBUTION.—The provisions of section 2603
 9 shall apply for purposes of awarding grants under this
 10 subpart, except that—

11 “(1) with respect to areas described in section
 12 2609(a)(1)(A)—

13 “(A) 66²/₃ percent of the amounts appro-
 14 priated under section 2609B(1) for each fiscal
 15 year shall be allocated to such areas as provided
 16 for in section 2603(a); and

17 “(B) 33¹/₃ percent of the amounts appro-
 18 priated under section 2609B(1) for each fiscal
 19 year shall be allocated to such areas as provided
 20 for in section 2603(b); and

21 “(2) with respect to areas described in section
 22 2609(a)(1)(B), 100 percent of the amounts appro-
 23 priated under section 2609B(2) for each fiscal year
 24 shall be allocated to such areas as provided for in
 25 section 2603(a).

1 “(c) HOLD HARMLESS.—Paragraph (4) of section
2 2603(a) shall not apply to an area for purposes of this
3 subpart.

4 “(d) USE OF AMOUNTS.—Amounts provided to an
5 area under a grant under this part shall be used by such
6 entity as provided for in section 2604.

7 “(e) APPLICATION.—To be eligible to receive a grant
8 under this subpart, an area shall submit to the Secretary
9 an application that meets the requirements of section
10 2605.

11 “(f) TECHNICAL ASSISTANCE AND DEFINITIONS.—
12 The provisions of sections 2606 and 2707 shall apply for
13 purposes of this subpart, except that with respect to the
14 definition of metropolitan area in section 2607(2), such
15 term shall be applied so that for purposes of determining
16 eligible areas, the Secretary shall use the boundaries of
17 a respective area that were used when the area involved
18 initially receive funding under this part.

19 **“SEC. 2609B. AUTHORIZATION OF APPROPRIATIONS.**

20 “There are authorized to be appropriated to carry out
21 this subpart—

22 “(1) with respect to areas described in section
23 2609(a)(1)(A), \$123,300,000 for fiscal year 2007,
24 \$127,900,000 for fiscal year 2008, \$132,600,000 for

1 fiscal year 2009, \$137,500,000 for fiscal year 2010,
2 and \$142,600,000 for fiscal year 2011; and

3 “(2) with respect to areas described in section
4 2609(a)(1)(B), \$5,000,000 for each of the fiscal
5 years 2007 through 2011.

6 **“Subpart III—General Provisions”.**

7 (b) REPEAL.—Section 2620 of the Public Health
8 Service Act (42 U.S.C. 300ff–30) is repealed.

9 **SEC. 111. AUTHORIZATION OF APPROPRIATIONS.**

10 Subpart I of part A of title XXVI of the Public
11 Health Service Act (42 U.S.C. 300ff–11) is amended by
12 adding at the end the following:

13 **“SEC. 2606. AUTHORIZATION OF APPROPRIATIONS.**

14 “For the purpose of carrying put this subpart, there
15 are authorized to be appropriated \$418,600,000 for fiscal
16 year 2007, \$434,100,000 for fiscal year 2008,
17 \$450,100,000 for fiscal year 2009, \$466,800,000 for fis-
18 cal year 2010, and \$484,100,000 for fiscal year 2011.”.

19 **TITLE II—CARE GRANTS**

20 **SEC. 201. LIVING CASES OF HIV/AIDS.**

21 (a) PRIORITY.—Section 2611(b)(1) of the Public
22 Health Service Act (42 U.S.C. 300ff–21(b)(1)) is amend-
23 ed—

24 (1) by striking “acquired immune deficiency
25 syndrome” and inserting “HIV/AIDS”; and

1 (2) by striking “such syndrome” and inserting
2 “HIV/AIDS”.

3 (b) APPLICATION.—Section 2617(d)(3) of the Public
4 Health Service Act (42 U.S.C. 300ff–27(d)(3)) is amend-
5 ed—

6 (1) in subparagraph (A), by striking “acquired
7 immune deficiency syndrome” and inserting “HIV/
8 AIDS”; and

9 (2) in subparagraph (C), by striking “acquired
10 immune deficiency syndrome” and inserting “HIV/
11 AIDS”.

12 (c) DISTRIBUTION OF FUNDS.—Section 2618(a) of
13 the Public Health Service Act (42 U.S.C. 300ff–28(a)) is
14 amended—

15 (1) in paragraph (1)(A)(i)—

16 (A) in subclause (I), by striking “cases of
17 acquired immune deficiency syndrome, as deter-
18 mined under paragraph (2)(D)” and inserting
19 “living cases of AIDS (reported to and con-
20 firmed by the Director of the Centers for Dis-
21 ease Control and Prevention)”; and

22 (B) in subclause (II)—

23 (i) by striking “cases of acquired im-
24 mune deficiency syndrome, as determined
25 under paragraph (2)(D)” and inserting

“living cases of AIDS (reported to and confirmed by the Director of the Centers for Disease Control and Prevention)”; and

(ii) by inserting “and” after the semicolon; and

(2) in paragraph (2)—

(A) in subparagraph (B), by striking “estimated number of living cases of acquired immune deficiency syndrome” and inserting “number of living cases of HIV/AIDS”;

(B) in subparagraph (C)—

(i) by striking “estimated” each place that such term appears; and

(ii) by striking “acquired immune deficiency syndrome” each place that such appears and inserting “HIV/AIDS”; and

(C) by striking subparagraph (D) and inserting the following:

“(F) LIVING CASES OF HIV/AIDS.—

“(i) IN GENERAL.—Except as provided for in clause (ii) and (iii), the amount determined in this subparagraph is the number of living cases of HIV/AIDS (reported to and confirmed by the Director of the Centers for Disease Control and

1 Prevention) through December 31 of the
2 most recent calendar year involved.

3 “(ii) FISCAL YEARS 2007 THROUGH
4 2010.—For each of fiscal years 2007
5 through 2010, the Secretary may use the
6 proxy number for the number of HIV cases
7 described in clause (iii) if—

8 “(I) the State involved—

9 “(aa) is reporting, or the
10 State will by October 1, 2006
11 have submitted a transition plan
12 for reporting, accurate and reli-
13 able HIV cases to the Director of
14 the Centers for Disease Control
15 and Prevention; or

16 “(bb) not later than October
17 1, 2006, make all necessary stat-
18 utory changes to allow for the
19 collection of HIV data certified
20 by the Director of the Centers
21 for Disease Control and Preven-
22 tion;

23 “(II) the State involved will by
24 April 1, 2008, begin reporting accu-
25 rate and reliable HIV cases, as deter-

1 mined by the Director of the Centers
2 for Disease Control and Prevention;
3 and

4 “(III) the Director of the Centers
5 for Disease Control and Prevention
6 has determined that such State does
7 not have an established HIV surveil-
8 lance system.

9 “(iii) AMOUNT DETERMINED.—With
10 respect to each of fiscal years 2007
11 through 2010, the amount determined
12 under this subparagraph shall be the lesser
13 of—

14 “(I) the product of 0.9 and the
15 number of living AIDS cases in the
16 area involved; or

17 “(II) an amount equal to 110
18 percent of the funding level for the
19 previous fiscal year.”.

20 **SEC. 202. AIDS DRUG ASSISTANCE PROGRAM.**

21 (a) REQUIREMENT OF MINIMUM DRUG LIST.—Sec-
22 tion 2616 of the Public Health Service Act (42 U.S.C.
23 300ff-26) is amended—

24 (1) in subsection (c), by striking paragraph (1)
25 and inserting the following:

“(1) ensure that those treatments contained on the list of core AIDS Drug Assistance Program antiretroviral medications developed by the Secretary based on Public Health Service guidelines, are the minimum required treatments to be included under the program established under this section;” and

(2) in subsection (d), by adding at the end the following: “The Secretary, in consultation with the Public Health Service, shall develop and maintain a list of classes of core AIDS Drug Assistance Program antiretroviral medications that shall be based upon those medications included in the Department of Health and Human Service’s Public Health Service HIV/AIDS Clinical Practice Guidelines for use of HIV/AIDS Drugs, drugs needed to manage symptoms associated with HIV infection.”.

(b) STATE REQUIREMENTS.—Subclauses (I) through (III) of section 2618(a)(2)(I)(ii) of the Public Health Service Act (42 U.S.C. 300ff-28(a)(2)(I)(ii)(I)–(III)) are amended to read as follows:

“(I) IN GENERAL.—From amounts made available under subclause (V), the Secretary shall award supplemental grants to States described in subclause (II)

1 to enable such States to purchase
2 and distribute to eligible individ-
3 uals (as described in section
4 2616(b)), pharmaceutical thera-
5 peutics described under sections
6 2616(a) and 2616(c).

7 “(II) ELIGIBLE STATES.—

8 For purposes of subclause (I), a
9 State shall be an eligible State if
10 the State did not have unex-
11 pended funds subject to realloca-
12 tion under section 2618(d) and,
13 in accordance with criteria estab-
14 lished by the Secretary, dem-
15 onstrates a severe need for a
16 grant under this clause. In devel-
17 oping such criteria, the Secretary
18 shall consider eligibility stand-
19 ards, formulary composition, the
20 number of eligible individuals to
21 whom a State is unable to pro-
22 vide therapeutics described in
23 section 2616(a), and an unantici-
24 pated increase of eligible individ-
25 uals with HIV/AIDS.

1 “(III) STATE REQUIREMENTS.—

2 The Secretary may not make a grant
3 to a State under this clause unless the
4 State agrees that the State will make
5 available (directly or through dona-
6 tions of public or private entities)
7 non-Federal contributions toward the
8 activities to be carried out under the
9 grant in an amount equal to \$1 for
10 each \$4 of Federal funds provided in
11 the grant, except that the Secretary
12 may waive this subclause if the State
13 has otherwise fully complied with sec-
14 tion 2617(d) with respect to the grant
15 year involved.”.

16 (c) INCREASE IN ADAP SET-ASIDE.—Section
17 2618(a)(2)(I)(ii)(V) of the Public Health Service Act (42
18 U.S.C. 300ff–28(a)(2)(I)(ii)(V)) is amended by striking
19 “3” and inserting “5”.

20 (d) DRUG REBATE PROGRAM.—Section 2616 of the
21 Public Health Service Act (42 U.S.C. 300ff–26) is amend-
22 ed by adding at the end the following:

23 “(f) DRUG REBATE PROGRAM.—A State shall ensure
24 that any drug rebates received on drugs purchased from
25 funds provided under this section are applied to activities

1 supported under this title, with a preference for activities
2 described under this section.”.

3 **SEC. 203. COORDINATION.**

4 Section 2617(b) of the Public Health Service Act (42
5 U.S.C. 300ff-27(b)) is amended—

6 (1) by redesignating paragraphs (4) through
7 (6) as paragraphs (5) through (7), respectively;

8 (2) by inserting after paragraph (3), the fol-
9 lowing:

10 “(4) the designation of a lead State agency that
11 shall—

12 “(A) administer all assistance received
13 under this part;

14 “(B) conduct the needs assessment and
15 prepare the State plan under paragraph (3);

16 “(C) prepare all applications for assistance
17 under this part;

18 “(D) receive notices with respect to pro-
19 grams under this title;

20 “(E) every 2 years, collect and submit to
21 the Secretary all audits from grantees within
22 the State, including audits regarding funds ex-
23 pended in accordance with this part; and

1 “(F) carry out any other duties determined
2 appropriate by the Secretary to facilitate the
3 coordination of programs under this title.”;

4 (3) in paragraph (5) (as so redesignated)—

5 (A) in the matter preceding subparagraph
6 (A), by striking “under this part” and inserting
7 “under any provision of this title”;

8 (B) in subparagraph (E), by striking
9 “and” at the end; and

10 (C) by inserting after subparagraph (F),
11 the following:

12 “(G) includes key outcomes to be measured
13 by all entities in the State receiving assistance
14 under this title; and”.

15 **SEC. 204. DISTRIBUTION OF FUNDS.**

16 (a) IN GENERAL.—Section 2618(a)(2) of the Public
17 Health Service Act (42 U.S.C. 300ff-28(a)(2)) is amend-
18 ed—

19 (1) in subparagraph (A)—

20 (A) in clause (i), by striking “and (I)” and
21 inserting “, (I), and (J)”;

22 (B) in clause (ii)—

23 (i) in subclause (I)—

24 (I) by striking “0.8” and insert-
25 ing “0.75”; and

1 (II) by striking “and” at the end;

2 (ii) in subclause (II), by striking the
3 period and inserting “; and”; and

4 (iii) by adding at the end the fol-
5 lowing:

6 “(III) the product of 0.05 and
7 the ratio of the locality distribution
8 factor (as determined under subpara-
9 graph (D)) to the sum of the respec-
10 tive State distribution factors for all
11 States and territories.”;

12 (2) in subparagraph (C)(ii), by striking “(as de-
13 termined under part A)” and inserting “under sub-
14 part I of part A and an eligible area under section
15 2609(a)(1)(A)”;

16 (3) by inserting after subparagraph (C), the fol-
17 lowing:

18 “(D) LOCALITY DISTRIBUTION FACTOR.—
19 For purposes of subparagraph (A)(ii)(III), the
20 term ‘locality distribution factor’ means an
21 amount equal to the sum of—

22 “(i) the number of living cases of
23 HIV/AIDS in the State or territory in-
24 volved, as determined under subparagraph
25 (F); less

1 “(ii) the number of living cases of
 2 HIV/AIDS in such State or territory that
 3 are within an eligible area (as determined
 4 under subpart I of part A and section
 5 2609(a)(1)(A)).”;

6 (4) by striking subparagraph (E) and inserting
 7 the following:

8 “(E) SEVERITY OF NEED.—

9 “(i) FISCAL YEARS BEGINNING WITH
 10 2011.—If, by January 1, 2010, the Sec-
 11 retary notifies the appropriate committees
 12 of Congress that the Secretary has devel-
 13 oped a severity of need index, in accord-
 14 ance with clause (v), the provisions of sub-
 15 paragraphs (A) through (D) shall not
 16 apply for fiscal year 2011 or any fiscal
 17 year thereafter, and the Secretary shall use
 18 the severity of need index (as defined in
 19 clause (iv)) for the determination of the
 20 formula allocations, subject to the Con-
 21 gressional Review Act.

22 “(ii) SUBSEQUENT FISCAL YEARS.—
 23 If, on or before any January 1 that is sub-
 24 sequent to the date referred to in clause
 25 (i), the Secretary notifies the appropriate

1 committees of Congress that the Secretary
2 has developed a severity of need index, in
3 accordance with clause (v), for each suc-
4 ceeding fiscal year, the provisions of sub-
5 paragraphs (A) through (D) shall not
6 apply, and the Secretary shall use the se-
7 verity of need index (as defined in clause
8 (iv)) for the determination of the formula
9 allocations, subject to the Congressional
10 Review Act.

11 “(iii) FISCAL YEAR 2013.—The Sec-
12 retary shall notify the appropriate commit-
13 tees of Congress that the Secretary has de-
14 veloped a severity of need index by Janu-
15 ary 1, 2012, and the provisions of subpara-
16 graphs (A) through (D) shall not apply,
17 and the Secretary shall use the severity of
18 need index (as defined in clause (iv)) for
19 the formula allocations for fiscal year
20 2013, subject to the Congressional Review
21 Act.

22 “(iv) DEFINITION OF SEVERITY OF
23 NEED INDEX.—In this subparagraph, the
24 term ‘severity of need index’ means the
25 index of the relative needs of individuals

1 within the State, as identified by a variety
2 of different factors, and is a factor that is
3 multiplied by the number of living HIV/
4 AIDS cases in the State, providing dif-
5 ferent weights to those cases based on
6 their needs.

7 “(V) REQUIREMENTS FOR SECRE-
8 TARIAL NOTIFICATION.—When the Sec-
9 retary notifies the appropriate committees
10 of Congress that the Secretary has devel-
11 oped a severity of need index, the Sec-
12 retary shall provide the following:

13 “(I) Methodology for and ration-
14 ale behind developing the severity of
15 need index, including information re-
16 lated to the field testing of the sever-
17 ity of need index.

18 “(II) Expected changes in fund-
19 ing allocations, given the application
20 of the severity of need index and the
21 elimination of the provisions of sub-
22 paragraphs (A) through (D).

23 “(III) Information regarding the
24 process by which the Secretary re-
25 ceived community input regarding the

1 application of the severity of need
2 index.

3 “(IV) Timeline and process for
4 the implementation of the severity of
5 need index to ensure that it is applied
6 in the following fiscal year.

7 “(vi) ANNUAL REPORTS.—Not later
8 than 1 year after the date of enactment of
9 the Ryan White HIV/AIDS Treatment
10 Modernization Act, and annually thereafter
11 until the Secretary notifies Congress that
12 the Secretary has developed a severity of
13 need index in accordance with this sub-
14 paragraph, the Secretary shall prepare and
15 submit to the appropriate committees of
16 Congress a report—

17 “(I) that updates progress to-
18 ward having client level data;

19 “(II) that updates the progress
20 toward having a severity of need
21 index, including information related to
22 the methodology and process for ob-
23 taining community input; and

24 “(III) that, as applicable, states
25 whether the Secretary could develop a

1 severity of need index before fiscal
2 year 2010.”.

3 (5) by striking subparagraph (G), and inserting
4 the following:

5 “(G) UNEXPENDED FUNDS.—

6 “(i) IN GENERAL.—A State that has
7 unobligated funds for a fiscal year under a
8 grant under this part shall—

9 “(I) return such funds to the
10 Secretary to be applied as provided
11 for in section 2620; or

12 “(II) submit an application to
13 the Secretary for the use of such
14 funds in the succeeding fiscal year
15 that includes a description of the
16 manner in which the State intends to
17 use such funds.

18 “(ii) CARRYOVER.—With respect to
19 an application received under clause (i)(II),
20 the Secretary shall determine whether the
21 State involved may carryover any unobli-
22 gated funds for use under this part in the
23 succeeding fiscal year or whether such
24 amounts shall be returned to the Secretary

1 for use under section 2620. Notice shall be
 2 provided to the area of such determination.

3 “(iii) FAILURE TO EXPEND FUNDS.—
 4 Amounts carried over by a State under
 5 this subparagraph that are not expended in
 6 the succeeding fiscal year shall be returned
 7 to the Secretary for use under section
 8 2610.

9 “(iv) CONSIDERATION IN MAKING
 10 GRANTS.—The Secretary may, in deter-
 11 mining the amount of a grant for a fiscal
 12 year under this paragraph, adjust the
 13 grant amount to reflect the amount of un-
 14 expended and uncanceled grant funds re-
 15 maining at the end of the fiscal year pre-
 16 ceding the year for which the grant deter-
 17 mination is to be made. The amount of
 18 any such unexpended funds shall be deter-
 19 mined using the financial status report of
 20 the grantee.”;

21 (6) by striking subparagraph (H); and

22 (7) in subparagraph (I)(ii), by striking sub-
 23 clause (VI) and inserting the following:

24 “(VI) INCREASES IN GRANT.—

1 “(aa) IN GENERAL.—For el-
2 igible areas receiving grants
3 under this section in fiscal year
4 2007, the Secretary shall in-
5 crease the amount of the grant
6 made pursuant to paragraph (2)
7 for the State to ensure that—

8 “(AA) for fiscal year
9 2007, the grant is not less
10 than 90 percent of the
11 amount of the grant made
12 for the State under section
13 2620 and section 2618(a)
14 for the base year;

15 “(BB) for fiscal year
16 2008, the grant is not less
17 than 85 percent of the
18 amount of such base year
19 grant; and

20 “(CC) for fiscal year
21 2009, the grant is not less
22 than 80 percent of the
23 amount of the base year
24 grant.

1 “(bb) BASE YEAR.—With re-
 2 spect to grants made pursuant to
 3 paragraph (2) for an State, the
 4 base year shall be fiscal year
 5 2006.”.

6 (b) REALLOCATION.—Section 2618(d) of the Public
 7 Health Service Act (42 U.S.C. 300ff–28(d)) is amended
 8 by striking “in proportion to the original grants made to
 9 such States” and insert “reallocated pursuant to section
 10 2620”.

11 **SEC. 205. CORE MEDICAL SERVICES.**

12 Section 2612 of the Public Health Service Act (42
 13 U.S.C. 300ff–22) is amended by adding at the end the
 14 following:

15 “(e) REQUIRED FUNDING FOR CORE MEDICAL SERV-
 16 ICES.—

17 “(1) IN GENERAL.—Notwithstanding any other
 18 provision of law, a grantee under this part shall ex-
 19 pend not less than 75 percent of the funds received
 20 under the grant on core medical services, except that
 21 the Secretary shall waive the application of this sub-
 22 section with respect to a grantee if the Secretary de-
 23 termines that, within the service area of the grant-
 24 ee—

1 “(A) there is no waiting lists for AIDS
2 Drug Assistance Program services; and

3 “(B) core medical services are available to
4 all individuals infected with HIV/AIDS.

5 “(2) CORE MEDICAL SERVICES.—For purposes
6 of this subsection, the term ‘core medical services’
7 with respect to an individual infected with HIV/
8 AIDS (including the co-occurring diseases of the in-
9 dividual) means the following services:

10 “(A) Outpatient and ambulatory health
11 services.

12 “(B) AIDS Drug Assistance Program
13 treatments.

14 “(C) AIDS pharmaceutical assistance.

15 “(D) Oral health care.

16 “(E) Early intervention services.

17 “(F) Health insurance premium and cost
18 sharing assistance for low-income individuals.

19 “(G) Home health care.

20 “(H) Hospice services.

21 “(I) Home and community-based health
22 services as defined under section 2614(c), ex-
23 cept homemaker services.

24 “(J) Mental health services.

25 “(K) Substance abuse outpatient care.

1 “(L) Medical case management, including
2 treatment adherence services.

3 “(3) SUPPORT SERVICES.—Notwithstanding
4 any other provision of law, and subject to paragraph
5 (1), a grantee under this part, subject to the ap-
6 proval of the Secretary, may provide support services
7 (such as respite care for individuals with HIV/AIDS,
8 outreach services, medical transportation, nutritional
9 counseling, linguistic services, and referral for health
10 care and support services for individuals with HIV/
11 AIDS) needed to achieve medical outcomes which
12 are related to the medical outcomes for an individual
13 infected with HIV and approved by the Secretary.

14 “(4) DEFINITION OF MEDICAL OUTCOMES.—In
15 this subsection, the term ‘medical outcomes’ means
16 those outcomes affecting the HIV-related clinical
17 status of an individual with HIV/AIDS.

18 “(5) UNEXPENDED FUNDS.—Any amounts re-
19 quired to be expended for core medical services or
20 support services under this subsection that remain
21 unobligated at the end of the fiscal year in which the
22 funds were awarded shall be remitted to the Sec-
23 retary for reallocation under section 2620.”.

1 **SEC. 206. SUPPLEMENTAL GRANTS.**

2 (a) IN GENERAL.—Section 2620 of the Public Health
3 Service Act (42 U.S.C. 300ff–30) is amended to read as
4 follows:

5 **“SEC. 2620. SUPPLEMENTAL GRANTS.**

6 “(a) IN GENERAL.—The Secretary shall utilize
7 amounts appropriated under section 2622 for a fiscal year
8 and made available in accordance with subsection (c) to
9 award grants to States whose applications under section
10 2617 demonstrate a need in the State for supplemental
11 financial assistance to combat the HIV epidemic and that
12 have not had unexpended funds subject to the reallocation
13 under section 2618(a)(2)(G).

14 “(b) DEMONSTRATED NEED.—In determining dem-
15 onstrated need for purposes of subsection (a), the Sec-
16 retary shall consider relevant factors that impact the need
17 for supplemental financial assistance, including—

18 “(1) the unmet need for such services, as deter-
19 mined under section 2602(b)(4) or other community
20 input process as defined under section 2609A(a);

21 “(2) an increasing need for HIV/AIDS-related
22 services, including relative rates of increase in the
23 number of cases of HIV/AIDS;

24 “(3) the relative rates of increase in the number
25 of cases of HIV/AIDS within new or emerging sub-
26 populations;

1 “(4) the current prevalence of HIV/AIDS;

2 “(5) relevant factors related to the cost and
3 complexity of delivering health care to individuals
4 with HIV/AIDS in the eligible area;

5 “(6) the impact of co-morbid factors, including
6 co-occurring infections, determined relevant by the
7 Secretary;

8 “(7) the prevalence of homelessness;

9 “(8) the prevalence of individuals described
10 under section 2602(b)(2)(M);

11 “(9) the relevant factors that limit access to
12 health care, including geographic variation, adequacy
13 of health insurance coverage, and language barriers;
14 or

15 “(10) the impact of a precipitous decline in the
16 amount received under this subpart to an increase in
17 unmet need for such services.

18 “(c) AMOUNT AND TRIGGER OF FUNDING.—

19 “(1) AMOUNT.—For each fiscal year beginning
20 with the trigger year described in paragraph (2), the
21 Secretary shall make available for purposes of
22 awarding grants under this section, $\frac{1}{3}$ of the sum
23 of—

24 “(A) the amount appropriated under sec-
25 tion 2622 for such fiscal year; less

1 “(B) the amount made available to carry
2 out section 2618(a)(2)(I) and section 2621 for
3 such fiscal year.

4 “(2) TRIGGER YEAR.—This section shall be ef-
5 fective only for fiscal years beginning in the first fis-
6 cal year in which the amount appropriated under
7 section 2621, excluding any amounts made available
8 to carry out section 2618(a)(2)(I) and section 2621
9 for such fiscal year, exceeds the amount appro-
10 priated under section 2677(b) (as such section ex-
11 isted on the day before the date of enactment of the
12 Ryan White HIV/AIDS Treatment Modernization
13 Act) for fiscal year 2006, excluding any amount
14 made available to carry out section 2618(a)(2)(I) for
15 fiscal year 2006.”.

16 (b) CONFORMING AMENDMENTS.—Section 2618 of
17 the Public Health Service Act (42 U.S.C. 300ff-28) is
18 amended—

19 (1) in subsection (a)(1), by striking “section
20 2677” and inserting “section 2622 and to the provi-
21 sions of section 2620”; and

22 (2) in subsection (c)(1), by inserting “, except
23 for grants awarded under section 2620,” after
24 “under this part”.

1 **SEC. 207. REDUCTION OF THE ADAP WAITING LIST.**

2 Subpart I of part B of title XXVI of the Public
3 Health Service Act (42 U.S.C. 300ff–21 et seq.) is amend-
4 ed by adding at the end the following:

5 **“SEC. 2621. REDUCTION OF THE ADAP WAITING LIST.**

6 “(a) IN GENERAL.—If the Secretary determines that
7 there is additional need for States to have funds to provide
8 eligible individuals (as described in section 2616(b)) ap-
9 propriate access to pharmaceutical therapies, the Sec-
10 retary may make supplemental grants to States described
11 in subsection (b) to enable such States to purchase and
12 distribute to eligible individuals pharmaceutical therapies
13 as described in sections 2616(a) and 2616(e).

14 “(b) ELIGIBLE STATES.—For purposes of subsection
15 (a), a State is an eligible State if the State did not have
16 unexpended funds subject to reallocation under section
17 2618(d), and, in accordance with criteria established by
18 the Secretary, demonstrates a need for a grant under such
19 subsection. In developing such criteria, the Secretary shall
20 consider eligibility standards, formulary composition, the
21 number of eligible individuals to whom the State is unable
22 to provide therapeutics described in section 2616(a), and
23 unanticipated increases in the number of eligible individ-
24 uals.

25 “(c) STATE REQUIREMENTS.—The Secretary may
26 not make a grant to a State under this section unless the

1 State involved agrees that the State will make available
 2 (directly or through donations from public or private enti-
 3 ties) non-Federal contributions toward the activities to be
 4 carried out under the grant in an amount equal to \$1 for
 5 each \$4 of Federal funds provided under the grant, except
 6 that the Secretary may waive this subsection if the State
 7 has otherwise fully complied with section 2617(d) with re-
 8 spect to the grant year involved.

9 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
 10 is authorized to be appropriated to carry out this section,
 11 \$40,000,000 for fiscal year 2007.”.

12 **SEC. 208. NATIVE AMERICAN REPRESENTATION.**

13 Section 2617(b)(6) of the Public Health Service Act
 14 (42 U.S.C. 300ff-27(b)(5)), as so redesignated, is amend-
 15 ed by inserting “Native Americans within the State,” be-
 16 fore “representatives of grantees”.

17 **SEC. 209. PAYER OF LAST RESORT.**

18 Section 2617(b)(7)(F)(ii) of the Public Health Serv-
 19 ice Act (42 U.S.C. 300ff-27(b)(6)) is amended by inserting
 20 “(except for a program administered by or providing the
 21 services of the Indian Health Services)” before the semi-
 22 colon.

23 **SEC. 210. HEPATITIS.**

24 Section 2614(a)(3) of the Public Health Service Act
 25 (42 U.S.C. 300ff-24(a)(3)) is amended by inserting “, in-

cluding speciality care (including vaccinations) for hepatitis coinfection,” after “health services”.

SEC. 211. AUTHORIZATION OF APPROPRIATIONS.

Subpart I of part B of title XXVI of the Public Health Service Act (42 U.S.C. 300ff–21 et seq.), as amended by section 207, is further amended by adding at the end the following:

“SEC. 2622. AUTHORIZATION OF APPROPRIATIONS.

“For the purpose of carrying put this subpart, there are authorized to be appropriated \$1,190,400,000 for fiscal year 2007, \$1,193,000,000 for fiscal year 2008, \$1,237,100,000 for fiscal year 2009, \$1,282,900,000 for fiscal year 2010, and \$1,330,300,000 for fiscal year 2011.”.

TITLE III—EARLY INTERVENTION SERVICES

SEC. 301. CATEGORICAL GRANTS.

(a) ESTABLISHMENT OF PROGRAM.—Section 2651(b) of the Public Health Service Act (42 U.S.C. 300ff–51(b)) is amended—

(1) in paragraph (2)(D), by striking “the disease” and inserting “HIV/AIDS”;

(2) in paragraph (4)(B)—

(A) in clause (i), by striking “paragraphs (1)” and all that follows through “2652(a)”

1 and inserting “subparagraphs (A), (D), (E),
2 and (F) of section 2652(a)(1)”; and

3 (B) in clause (ii), by striking “paragraphs
4 (3) and (4) of section 2652(a)” and inserting
5 “subparagraphs (B) and (C) of section
6 2652(a)(1)”; and

7 (3) in paragraph (5)(A), by striking “the dis-
8 ease” each place that such appears and inserting
9 “HIV/AIDS”.

10 (b) MINIMUM QUALIFICATION OF GRANTEEES.—Sec-
11 tion 2652(a) of the Public Health Service Act (42 U.S.C.
12 300ff-52(a)) is amended to read as follows:

13 “(a) ELIGIBLE ENTITIES.—

14 “(1) IN GENERAL.—The entities referred to in
15 section 2651(a) are public entities and nonprofit pri-
16 vate entities that are—

17 “(A) federally-qualified health centers
18 under section 1905(l)(2)(B) of the Social Secu-
19 rity Act;

20 “(B) grantees under section 1001 (regard-
21 ing family planning) other than States;

22 “(C) comprehensive hemophilia diagnostic
23 and treatment centers;

24 “(D) rural health clinics;

1 “(E) health facilities operated by or pursu-
 2 ant to a contract with the Indian Health Serv-
 3 ice;

4 “(F) nonprofit private entities that provide
 5 comprehensive primary care services to popu-
 6 lations at risk of HIV/AIDS.

7 “(2) UNDERSERVED POPULATIONS.—Entities
 8 described in paragraph (1) shall serve underserved
 9 populations which may include minority populations
 10 and Native American populations, ex-offenders, indi-
 11 viduals co-infected with HIV and hepatitis B or C,
 12 low-income populations, inner city populations, and
 13 rural populations.”.

14 (c) PREFERENCES IN MAKING GRANTS.—Section
 15 2653 of the Public Health Service Act (42 U.S.C. 300ff-
 16 53) is amended—

17 (1) in subsection (b)(1)—

18 (A) in subparagraph (A), by striking “ac-
 19 quired immune deficiency syndrome” and in-
 20 serting “HIV/AIDS”; and

21 (B) in subparagraph (D), by inserting be-
 22 fore the semicolon the following: “and the num-
 23 ber of cases of individuals coinfectd with HIV/
 24 AIDS and hepatitis B or C”; and

1 (2) in subsection (d)(2), by striking “special
2 consideration” and inserting “preference”.

3 (d) PLANNING AND DEVELOPMENT GRANTS.—Sec-
4 tion 2654(c) of the Public Health Service Act (42 U.S.C.
5 300ff–54(c)) is amended—

6 (1) in paragraph (1)—

7 (A) in subparagraph (A), by striking
8 “HIV”; and

9 (B) in subparagraph (B), by striking
10 “HIV” and inserting “HIV/AIDS”; and

11 (2) in paragraph (3), by striking “or under-
12 served communities” and inserting “areas or to un-
13 derserved populations”.

14 (e) AUTHORIZATION OF APPROPRIATIONS.—Section
15 2655 of the Public Health Service Act (42 U.S.C. 300ff–
16 55) is amended by striking “such sums” and all that fol-
17 lows through “2005” and inserting “, \$218,600,000 for
18 fiscal year 2007, \$226,700,000 for fiscal year 2008,
19 \$235,100,000 for fiscal year 2009, \$234,800,000 for fis-
20 cal year 2010, and \$252,800,000 for fiscal year 2011”.

21 **SEC. 302. GENERAL PROVISIONS.**

22 (a) COUNSELING SERVICES.—Section 2662(a) of the
23 Public Health Service Act (42 U.S.C. 300ff–62(a)) is
24 amended by striking “the disease” and inserting “HIV/
25 AIDS”.

1 (b) APPLICABILITY OF CERTAIN REQUIREMENTS.—
2 Section 2663 of the Public Health Service Act (42 U.S.C.
3 300ff–63) is amended by striking “will, without” and all
4 that follows through “be carried” and inserting “with
5 funds appropriated through this Act will be carried”.

6 (c) ADDITIONAL REQUIRED AGREEMENTS.—Section
7 2664(a) of the Public Health Service Act (42 U.S.C.
8 300ff–64(a)) is amended—

9 (1) in paragraph (1)—

10 (A) in subparagraph (A), by striking
11 “and” at the end;

12 (B) in subparagraph (B), by striking
13 “and” at the end; and

14 (C) by adding at the end the following:

15 “(C) information regarding how the ex-
16 pected expenditures of the grant are related to
17 the planning process for localities funded under
18 part A (including the planning process de-
19 scribed in section 2602) and for States funded
20 under part B (including the planning process
21 described in section 2617(b)); and

22 “(D) a specification of the expected ex-
23 penditures and how those expenditures will im-
24 prove overall client outcomes, as described in

1 the State plan under section 2617(b) or
2 through additional outcome measures;”;

3 (2) in paragraph (2), by striking the period and
4 inserting a semicolon; and

5 (3) by adding at the end the following:

6 “(3) the applicant agrees to provide additional
7 documentation to the Secretary regarding the proc-
8 ess used to obtain community input into the design
9 and implementation of activities related to such
10 grant; and

11 “(4) the applicant agrees to submit to the lead
12 State agency under section 2617(b)(4) audits re-
13 garding funds expended in accordance with this title
14 and shall include necessary client level data to com-
15 plete unmet need calculations and Statewide coordi-
16 nated statements of need process.”.

17 **SEC. 303. CORE MEDICAL SERVICES.**

18 Subpart II of part C of title XXVI of the Public
19 Health Service Act (42 U.S.C. 300ff–61 et seq.) is amend-
20 ed by adding at the end the following:

21 **“SEC. 2688. REQUIRED FUNDING FOR CORE MEDICAL SERV-**
22 **ICES.**

23 “(a) IN GENERAL.—Notwithstanding any other pro-
24 vision of law, a grantee under this part shall expend not
25 less than 75 percent of the funds received under the grant

1 on core medical services, except that the Secretary shall
2 waive the application of this section with respect to a
3 grantee if the Secretary determines that, within the service
4 area of the grantee—

5 “(1) there is no waiting lists for AIDS Drug
6 Assistance Program services; and

7 “(2) core medical services are available to all
8 individuals infected with HIV/AIDS.

9 “(b) CORE MEDICAL SERVICES.—For purposes of
10 this section, the term ‘core medical services’ with respect
11 to an individual infected with HIV/AIDS (including the
12 co-occurring diseases of the individual) means the fol-
13 lowing services:

14 “(1) Outpatient and ambulatory health services.

15 “(2) AIDS Drug Assistance Program treat-
16 ments.

17 “(3) AIDS pharmaceutical assistance.

18 “(4) Oral health care.

19 “(5) Early intervention services.

20 “(6) Health insurance premium and cost shar-
21 ing assistance for low-income individuals.

22 “(7) Home health care.

23 “(8) Hospice services.

1 “(9) Home and community-based health serv-
 2 ices as defined under section 2614(c), except home-
 3 maker services.

4 “(10) Mental health services.

5 “(11) Substance abuse outpatient care.

6 “(12) Medical case management, including
 7 treatment adherence services.

8 “(c) SUPPORT SERVICES.—Notwithstanding any
 9 other provision of law, and subject to subsection (a), a
 10 grantee under this part, subject to the approval of the Sec-
 11 retary, may provide support services (such as respite care
 12 for individuals with HIV/AIDS, outreach services, medical
 13 transportation, nutritional counseling, linguistic services,
 14 and referral for health care and support services for indi-
 15 viduals with HIV/AIDS) needed to achieve medical out-
 16 comes which are related to the medical outcomes for an
 17 individual infected with HIV and approved by the Sec-
 18 retary.

19 “(d) DEFINITION OF MEDICAL OUTCOMES.—In this
 20 section, the term ‘medical outcomes’ means those out-
 21 comes affecting the HIV-related clinical status of an indi-
 22 vidual with HIV/AIDS.

23 “(e) UNEXPENDED FUNDS.—Any amounts required
 24 to be expended for core medical services or support serv-
 25 ices under this section that remain unobligated at the end

1 of the fiscal year in which the funds were awarded shall
 2 be remitted to the Secretary for reallocation under this
 3 section.”.

4 **SEC. 304. PAYER OF LAST RESORT.**

5 Section 2664(f)(1)(A) of the Public Health Service
 6 Act (42 U.S.C. 300ff-64(f)(1)(A)) is amended by insert-
 7 ing “(except for a program administered by or providing
 8 the services of the Indian Health Service)” before the
 9 semicolon.

10 **TITLE IV—WOMEN, INFANTS,**
 11 **CHILDREN, AND YOUTH**

12 **SEC. 401. WOMEN, INFANTS, CHILDREN, AND YOUTH.**

13 Part D of title XXVI of the Public Health Service
 14 Act (42 U.S.C. 300ff-71 et seq.) is amended to read as
 15 follows:

16 **“PART D—WOMEN, INFANTS, CHILDREN, AND**
 17 **YOUTH**

18 **“SEC. 2671. GRANTS FOR COORDINATED SERVICES AND AC-**
 19 **CESS TO RESEARCH FOR WOMEN, INFANTS,**
 20 **CHILDREN, AND YOUTH.**

21 “(a) IN GENERAL.—The Secretary, acting through
 22 the Administrator of the Health Resources and Services
 23 Administration, shall award grants to public and nonprofit
 24 private entities (including a health facility operated by or
 25 pursuant to a contract with the Indian Health Service)

1 that provide family-centered care involving outpatient or
2 ambulatory care (directly or through contracts) for
3 women, infants, children, and youth with HIV/AIDS.

4 “(b) ADDITIONAL SERVICES FOR PATIENTS AND
5 FAMILIES.—Funds provided under grants awarded under
6 subsection (a) may be also be used for the following sup-
7 port services:

8 “(1) Family-centered care including case man-
9 agement.

10 “(2) Referrals for additional services includ-
11 ing—

12 “(A) referrals for inpatient hospital serv-
13 ices, treatment for substance abuse, and mental
14 health services; and

15 “(B) referrals for other social and support
16 services, as appropriate.

17 “(3) Additional services necessary to enable the
18 patient and the family to participate in the program
19 established by the applicant pursuant to such sub-
20 section including services designed to recruit and re-
21 tain youth with HIV.

22 “(4) The provision of information and edu-
23 cation on opportunities to participate in HIV/AIDS-
24 related clinical research.

1 “(c) COORDINATION WITH OTHER ENTITIES.—A
 2 grant awarded under subsection (a) may be made only if
 3 the applicant provides an agreement that includes the fol-
 4 lowing:

5 “(1) The applicant will coordinate activities
 6 under the grant with other providers of health care
 7 services under this Act, and under title V of the So-
 8 cial Security Act.

9 “(2) The applicant will participate in the state-
 10 wide coordinated statement of need under part B
 11 (where it has been initiated by the public health
 12 agency responsible for administering grants under
 13 part B) and in revisions of such statement.

14 “(3) The applicant will every 2 years submit to
 15 the lead State agency under section 2617(b)(4) au-
 16 dits regarding funds expended in accordance with
 17 this title and shall include necessary client-level data
 18 to complete unmet need calculations and Statewide
 19 coordinated statements of need process.

20 “(d) ADMINISTRATION.—

21 “(1) APPLICATION.—A grant may only be
 22 awarded to an entity under subsection (a) if an ap-
 23 plication for the grant is submitted to the Secretary
 24 and the application is in such form, is made in such
 25 manner, and contains such agreements, assurances,

1 and information as the Secretary determines to be
2 necessary to carry out this section. Such application
3 shall include the following:

4 “(A) Information regarding how the ex-
5 pected expenditures of the grant are related to
6 the planning process for localities funded under
7 part A (including the planning process outlined
8 in section 2602) and for States funded under
9 part B (including the planning process outlined
10 in section 2617(b)).

11 “(B) A specification of the expected ex-
12 penditures and how those expenditures will im-
13 prove overall patient outcomes, as outlined as
14 part of the State plan (under section 2617(b))
15 or through additional outcome measures.

16 “(2) QUALITY MANAGEMENT PROGRAM.—A
17 grantee under this section shall implement a quality
18 management program to assess the extent to which
19 HIV health services provided to patients under the
20 grant are consistent with the most recent Public
21 Health Service guidelines for the treatment of HIV/
22 AIDS and related opportunistic infection, and as ap-
23 plicable, to develop strategies for ensuring that such
24 services are consistent with the guidelines for im-

1 provement in the access to and quality of HIV
2 health services.

3 “(e) ANNUAL REVIEW OF PROGRAMS; EVALUA-
4 TIONS.—

5 “(1) REVIEW REGARDING ACCESS TO AND PAR-
6 TICIPATION IN PROGRAMS.—With respect to a grant
7 under subsection (a) for an entity for a fiscal year,
8 the Secretary shall, not later than 180 days after
9 the end of the fiscal year, provide for the conduct
10 and completion of a review of the operation during
11 the year of the program carried out under such sub-
12 section by the entity. The purpose of such review
13 shall be the development of recommendations, as ap-
14 propriate, for improvements in the following:

15 “(A) Procedures used by the entity to allo-
16 cate opportunities and services under subsection
17 (a) among patients of the entity who are
18 women, infants, children, or youth.

19 “(B) Other procedures or policies of the
20 entity regarding the participation of such indi-
21 viduals in such program.

22 “(2) EVALUATIONS.—The Secretary shall, di-
23 rectly or through contracts with public and private
24 entities, provide for evaluations of programs carried
25 out pursuant to subsection (a).

1 “(f) CAP ON ADMINISTRATIVE EXPENSES.—A grant-
 2 ee may not use more than 10 percent of amounts received
 3 under a grant awarded under this section for administra-
 4 tive expenses.

5 “(g) TRAINING AND TECHNICAL ASSISTANCE.—
 6 From the amounts appropriated under subsection (i) for
 7 a fiscal year, the Secretary may use not more than 5 per-
 8 cent to provide, directly or through contracts with public
 9 and private entities (which may include grantees under
 10 subsection (a)), training and technical assistance to assist
 11 applicants and grantees under subsection (a) in complying
 12 with the requirements of this section.

13 “(h) DEFINITIONS.—In this section:

14 “(1) ADMINISTRATIVE EXPENSES.—The term
 15 ‘administrative expenses’ means funds that are to be
 16 used by grantees for grant management and moni-
 17 toring activities, including costs related to any staff
 18 or activity unrelated to services or indirect costs.

19 “(2) INDIRECT COSTS.—The term ‘indirect
 20 costs’ means costs included in a Federally negotiated
 21 indirect rate.

22 “(3) SERVICES.—The term ‘services’ means—

23 “(A) services that are provided to clients to
 24 meet the goals and objectives of the program
 25 under this section, including the provision of

1 professional, diagnostic, and therapeutic serv-
2 ices by a primary care provider or a referral to
3 and provision of specialty care; and

4 “(B) services that sustain program activity
5 and contribute to or help improve services
6 under subparagraph (A).

7 “(i) AUTHORIZATION OF APPROPRIATIONS.—For the
8 purpose of carrying out this section, there are authorized
9 to be appropriated, \$71,800,000 for each of the fiscal
10 years 2007 through 2011.”.

11 **SEC. 402. GAO REPORT.**

12 Not later than 24 months after the date of enactment
13 of this Act, the Comptroller General of the Government
14 Accountability Office shall conduct an evaluation, and sub-
15 mit to Congress a report, concerning the funding provided
16 for under part D of title XXVI of the Public Health Serv-
17 ice Act to determine—

18 (1) how funds are used to provide the adminis-
19 trative expenses, indirect costs, and services, as de-
20 fined in section 2671(h) of such title, for individuals
21 with HIV/AIDS;

22 (2) how funds are used to provide the adminis-
23 trative expenses, indirect costs, and services, as de-
24 fined in section 2671(h) of such title, to family

members of women, infants, children, and youth infected with HIV/AIDS;

(3) how funds are used to provide family-centered care involving outpatient or ambulatory care authorized under section 2671(a) of such title;

(4) how funds are used to provide additional services authorized under section 2671(b) of such title; and

(5) how funds are used to help identify HIV-positive pregnant women and connect them with care that can improve their health and prevent perinatal transmission.

TITLE V—GENERAL PROVISIONS

SEC. 501. GENERAL PROVISIONS.

Part E of title XXVI of the Public Health Service Act (42 U.S.C. 300ff–80 et seq.) is amended to read as follows:

“PART E—GENERAL PROVISIONS

“SEC. 2681. COORDINATION.

“(a) REQUIREMENT.—The Secretary shall ensure that the Health Resources and Services Administration, the Centers for Disease Control and Prevention, the Substance Abuse and Mental Health Services Administration, and the Centers for Medicare & Medicaid Services coordinate the planning, funding, and implementation of Federal

1 HIV programs including the Minority AIDS Initiative
2 under section 2693 to enhance the continuity of care and
3 prevention services for individuals with HIV/AIDS or
4 those at risk of such disease. The Secretary shall consult
5 with other Federal agencies, including the Department of
6 Veterans Affairs, as needed and utilize planning informa-
7 tion submitted to such agencies by the States and entities
8 eligible for assistance under this title.

9 “(b) REPORT.—The Secretary shall biennially pre-
10 pare and submit to the appropriate committees of the Con-
11 gress a report concerning the coordination efforts at the
12 Federal, State, and local levels described in this section,
13 including a description of Federal barriers to HIV pro-
14 gram integration and a strategy for eliminating such bar-
15 riers and enhancing the continuity of care and prevention
16 services for individuals with HIV/AIDS or those at risk
17 of such disease.

18 “(c) INTEGRATION BY STATE.—As a condition of re-
19 ceipt of funds under this title, a State shall provide assur-
20 ances to the Secretary that health support services funded
21 under this title will be integrated with other such services,
22 that programs will be coordinated with other available pro-
23 grams (including Medicaid), and that the continuity of
24 care and prevention services of individuals with HIV/AIDS
25 is enhanced.

1 “(d) INTEGRATION BY LOCAL OR PRIVATE ENTI-
2 TIES.—As a condition of receipt of funds under this title,
3 a local government or private nonprofit entity shall provide
4 assurances to the Secretary that services funded under
5 this title will be integrated with other such services, that
6 programs will be coordinated with other available pro-
7 grams (including Medicaid), and that the continuity of
8 care and prevention services of individuals with HIV is
9 enhanced.

10 **“SEC. 2682. AUDITS.**

11 “(a) IN GENERAL.—For fiscal year 2007, and each
12 subsequent fiscal year, the Secretary may reduce the
13 amounts of grants under this title to a State or political
14 subdivision of a State for a fiscal year if, with respect to
15 such grants for the second preceding fiscal year, the State
16 or subdivision fails to prepare audits in accordance with
17 the procedures of section 7502 of title 31, United States
18 Code. The Secretary shall annually select representative
19 samples of such audits, prepare summaries of the selected
20 audits, and submit the summaries to the Congress.

21 “(b) POSTING ON THE INTERNET.—All audits that
22 the Secretary receives from the State lead agency under
23 section 2617(b)(4) shall be posted on the Internet website
24 of the Health Resources and Services Administration.

1 **“SEC. 2683. PUBLIC HEALTH EMERGENCY.**

2 “(a) IN GENERAL.—In an emergency area and dur-
3 ing an emergency period, the Secretary shall have the au-
4 thority to waive such requirements of this title to improve
5 the health and safety of those receiving care under this
6 title and the general public, except that the Secretary may
7 not expend more than 5 percent of the funds allocated
8 under this title for sections 2620 and section 2603(b).

9 “(b) EMERGENCY AREA AND EMERGENCY PE-
10 RIOD.—In this section:

11 “(1) EMERGENCY AREA.—The term ‘emergency
12 area’ means a geographic area in which there ex-
13 ists—

14 “(A) an emergency or disaster declared by
15 the President pursuant to the National Emer-
16 gencies Act of the Robert T. Stafford Disaster
17 Relief and Emergency Assistance Act; and

18 “(B) a public health emergency declared
19 by the Secretary pursuant to section 319.

20 “(2) EMERGENCY PERIOD.—The term ‘emer-
21 gency period’ means the period in which there ex-
22 ists—

23 “(A) an emergency or disaster declared by
24 the President pursuant to the National Emer-
25 gencies Act of the Robert T. Stafford Disaster
26 Relief and Emergency Assistance Act; and

1 “(B) a public health emergency declared
2 by the Secretary pursuant to section 319.

3 “(c) UNOBLIGATED FUNDS.—If funds under a grant
4 under this section are not expended for an emergency in
5 the fiscal year in which the emergency is declared, such
6 funds shall be returned to the Secretary for reallocation
7 under sections 2603(b) and 2620.

8 **“SEC. 2684. PROHIBITION ON PROMOTION OF CERTAIN AC-**
9 **TIVITIES.**

10 “None of the funds appropriated under this title shall
11 be used to fund AIDS programs, or to develop materials,
12 designed to promote or encourage, directly, intravenous
13 drug use or sexual activity, whether homosexual or hetero-
14 sexual. Funds authorized under this title may be used to
15 provide medical treatment and support services for indi-
16 viduals with HIV.

17 **“SEC. 2685. PRIVACY PROTECTIONS.**

18 “The Secretary shall collect client-level data under
19 this title in a manner that is consistent with the unique
20 identifier as reported to the Director of the Centers for
21 Disease Control and Prevention as of the date of enact-
22 ment of this section.

23 **“SEC. 2686. GAO REPORT.**

24 “The Comptroller General of the Government Ac-
25 countability Office shall biennially submit to the appro-

1 puate committees of Congress a report that includes a de-
2 scription of Federal, State, and local barriers to HIV pro-
3 gram integration, particularly for racial and ethnic minori-
4 ties, and recommendations for enhancing the continuity
5 of care and the provision of prevention services for individ-
6 uals with HIV/AIDS or those at risk for such disease.
7 Such report shall include a demonstration of the manner
8 in which funds under this subpart are being expended and
9 to what extent the services provided with such funds in-
10 crease access to prevention and care services for individ-
11 uals with HIV/AIDS and build stronger community link-
12 ages to address HIV prevention and care for racial and
13 ethnic minority communities.

14 **“SEC. 2687. DEFINITIONS.**

15 “For purposes of this title:

16 “(1) COUNSELING.—The term ‘counseling’
17 means such counseling provided by an individual
18 trained to provide such counseling.

19 “(2) FAMILY-CENTERED CARE.—The term
20 ‘family-centered care’ means the system of services
21 described in this section that is targeted specifically
22 to the special needs of infants, children, women and
23 families. Family-centered care shall be based on a
24 partnership between parents, professionals, and the
25 community designed to ensure an integrated, coordi-

1 nated, culturally sensitive, and community-based
2 continuum of care for children, women, and families
3 with HIV/AIDS.

4 “(3) FAMILIES WITH HIV/AIDS.—The term
5 ‘families with HIV/AIDS’ means families in which
6 one or more members have HIV/AIDS.

7 “(4) HIV.—The term ‘HIV’ means infection
8 with the etiologic agent for acquired immune defi-
9 ciency syndrome.

10 “(5) HIV/AIDS.—The term ‘HIV/AIDS’ means
11 infection with the etiologic agent for acquired im-
12 mune deficiency syndrome, and includes any condi-
13 tion arising from such syndrome.

14 “(6) OFFICIAL POVERTY LINE.—The term ‘offi-
15 cial poverty line’ means the poverty line established
16 by the Director of the Office of Management and
17 Budget and revised by the Secretary in accordance
18 with section 673(2) of the Omnibus Budget Rec-
19 onciliation Act of 1981.

20 “(7) PERSON.—The term ‘person’ includes one
21 or more individuals, governments (including the
22 Federal Government and the governments of the
23 States), governmental agencies, political subdivi-
24 sions, labor unions, partnerships, associations, cor-
25 porations, legal representatives, mutual companies,

1 joint-stock companies, trusts, unincorporated organi-
 2 zations, receivers, trustees, and trustees in cases
 3 under title 11, United States Code.

4 “(8) STATE.—The term ‘State’, except as oth-
 5 erwise specifically provided, means each of the 50
 6 States, the District of Columbia, the Virgin Islands,
 7 Guam, American Samoa, the Commonwealth of the
 8 Northern Mariana Islands, Puerto Rico, and the Re-
 9 public of the Marshall Islands.

10 “(9) YOUTH WITH HIV.—The term ‘youth with
 11 HIV’ means individuals who are 13 through 24
 12 years old and who have HIV/AIDS.”.

13 **TITLE VI—DEMONSTRATION** 14 **AND TRAINING**

15 **SEC. 601. DEMONSTRATION AND TRAINING.**

16 Subpart I of part F of title XXVI of the Public
 17 Health Service Act (42 U.S.C. 300ff–101 et seq.) is
 18 amended to read as follows:

19 **“PART F—DEMONSTRATION AND TRAINING**

20 **“Subpart I—Special Projects of National Significance**

21 **“SEC. 2691. SPECIAL PROJECTS OF NATIONAL SIGNIFI-** 22 **CANCE.**

23 “(a) IN GENERAL.—Of the amount appropriated
 24 under each of parts A, B, C, and D for each fiscal year,
 25 the Secretary shall use the greater of \$20,000,000 or an

1 amount equal to 3 percent of such amount appropriated
 2 under each such part, but not to exceed \$25,000,000, to
 3 administer special projects of national significance to—

4 “(1) quickly respond to emerging needs of indi-
 5 viduals receiving assistance under this title; and

6 “(2) to fund special programs to develop a
 7 standard electronic client information data system to
 8 improve the ability of grantees under this title to re-
 9 port client-level data to the Secretary.

10 “(b) GRANTS.—The Secretary shall award grants
 11 under subsection (a) to entities eligible for funding under
 12 parts A, B, C, and D based on—

13 “(1)(A) whether the funding will promote ob-
 14 taining client level data as it relates to the creation
 15 of a severity of need index under section
 16 2618(a)(2)(E)(iii), including funds to facilitate the
 17 purchase and enhance the utilization of qualified
 18 health information technology systems;

19 “(B) demonstrated ability to create and main-
 20 tain a qualified health information technology sys-
 21 tem;

22 “(C) the potential replicability of the proposed
 23 activity in other similar localities or nationally;

24 “(D) the demonstrated reliability of the pro-
 25 posed qualified health information technology system

1 across a variety of providers, geographic regions,
2 and clients; and

3 “(E) the demonstrated ability to maintain a
4 safe and secure qualified health information system;
5 or

6 “(2) newly emerging needs of individuals receiv-
7 ing assistance under this title.

8 “(c) COORDINATION.—The Secretary may not make
9 a grant under this section unless the applicant submits
10 evidence that the proposed program is consistent with the
11 statewide coordinated statement of need, and the appli-
12 cant agrees to participate in the ongoing revision process
13 of such statement of need.

14 “(d) PRIVACY PROTECTION.—The Secretary may not
15 make a grant under this section for the development of
16 a qualified health information technology system unless
17 the applicant provides assurances to the Secretary that the
18 system will comply with the privacy regulations promul-
19 gated under section 264(c) of the Health Insurance Port-
20 ability and Accountability Act of 1996.

21 “(e) REPLICATION.—The Secretary shall make infor-
22 mation concerning successful models or programs devel-
23 oped under this part available to grantees under this title
24 for the purpose of coordination, replication, and integra-
25 tion. To facilitate efforts under this subsection, the Sec-

1 retary may provide for peer-based technical assistance
 2 from grantees funded under this part.”.

3 **SEC. 602. AIDS EDUCATION AND TRAINING CENTERS.**

4 Section 2692(a)(2) of the Public Health Service Act
 5 (42 U.S.C. 300ff-92(a)(2)) is amended—

6 (1) in subparagraph (A)—

7 (A) by inserting “and Native Americans”
 8 after “minority individuals”; and

9 (B) by striking “and” at the end;

10 (2) in subparagraph (B), by striking the period
 11 and inserting “; and”; and

12 (3) by adding at the end the following:

13 “(C) train or result in the training of
 14 health professionals and allied health profes-
 15 sionals to provide treatment for hepatitis B or
 16 C co-infected individuals.”.

17 **SEC. 603. CODIFICATION OF MINORITY AIDS INITIATIVE**

18 **UNDER RYAN WHITE COMPREHENSIVE AIDS**

19 **RESOURCES EMERGENCY ACT OF 1990.**

20 Part F of title XXVI of the Public Health Service
 21 Act (42 U.S.C. 300ff-101 et seq.) is amended by adding
 22 at the end the following:

1 **“Subpart II—Minority AIDS Initiative**

2 **“SEC. 2693. MINORITY AIDS INITIATIVE.**

3 “(a) IN GENERAL.—There is authorized to be appro-
 4 priated for the purpose of carrying out activities under
 5 this section to evaluate and address the disproportionate
 6 impact of HIV disease and disparities in access, treat-
 7 ment, care, and outcome on racial and ethnic minorities,
 8 including African Americans, Alaska Natives, Latinos,
 9 American Indians, Asian Americans, Native Hawaiians,
 10 and Pacific Islanders, \$131,200,000 for fiscal year 2007,
 11 \$135,100,000 for fiscal year 2008, \$139,100,000 for fis-
 12 cal year 2009, \$143,200,000 for fiscal year 2010, and
 13 \$147,500,000 for fiscal year 2010.

14 “(b) CERTAIN ACTIVITIES.—

15 “(1) IN GENERAL.—In carrying out the purpose
 16 described in subsection (a), the Secretary shall pro-
 17 vide for—

18 “(A) emergency assistance under part A;

19 “(B) comprehensive care under part B;

20 “(C) early intervention services under part

21 C;

22 “(D) services through demonstration
 23 projects for HIV-related care; and

24 “(E) activities through education and
 25 training centers under section 2692.

1 “(2) ALLOCATIONS AMONG ACTIVITIES.—Activi-
2 ties under paragraph (1) shall be carried out by the
3 Secretary in accordance with the following:

4 “(A) Of the amount appropriated for each
5 fiscal year under subsection (a), \$43,800,000
6 for fiscal year 2007, \$45,400,000 for fiscal year
7 2008, \$47,100,000 for fiscal year 2009,
8 \$48,800,000 for fiscal year 2010, and
9 \$50,700,000 for fiscal year 2010, shall be used
10 for competitive, supplemental grants to improve
11 HIV-related health outcomes to reduce existing
12 racial and ethnic health disparities.

13 “(B) Of the amount appropriated for each
14 fiscal year under subsection (a), \$7,000,000 for
15 fiscal year 2007, \$7,300,000 for fiscal year
16 2008, \$7,500,000 for fiscal year 2009,
17 \$7,800,000 for fiscal year 2010, and
18 \$8,100,000 for fiscal year 2010, shall be used
19 for competitive, supplemental support edu-
20 cational and outreach services to increase the
21 number of eligible racial and ethnic minorities
22 who have access to treatment through the pro-
23 gram under section 2616 for therapeutics.

24 “(C) Of the amount appropriated for each
25 fiscal year under subsection (a), \$53,400,000

1 for fiscal year 2007, \$55,400,000 for fiscal year
2 2008, \$57,400,000 for fiscal year 2009,
3 \$59,500,000 for fiscal year 2010, and
4 \$61,800,000 for fiscal year 2010, shall be used
5 for planning grants, capacity-building grants,
6 and services grants to health care providers who
7 have a history of providing culturally and lin-
8 guistically appropriate care and services to ra-
9 cial and ethnic minorities.

10 “(D) Of the amount appropriated for each
11 fiscal year under subsection (a), \$18,500,000
12 for each of fiscal years 2007 through 2011 shall
13 be used for sustaining and expanding efforts to
14 deliver comprehensive, culturally and linguis-
15 tically appropriate research-based intervention
16 and care services for HIV disease to racial and
17 ethnic minority women, infants, children, and
18 youth.

19 “(E) Of the amount appropriated for each
20 fiscal year under subsection (a), \$8,500,000 for
21 each of fiscal years 2007 through 2011 shall be
22 used for increasing the training capacity of cen-
23 ters to expand the number of community-based
24 racial and ethnic minority health care profes-
25 sionals with treatment expertise and knowledge

1 about the most appropriate standards of HIV
2 disease-related treatments and medical care for
3 adults, adolescents, and children with HIV dis-
4 ease.

5 “(e) CONSISTENCY WITH PRIOR PROGRAM.—With
6 respect to the purpose described in subsection (a), the Sec-
7 retary shall carry out this section consistent with the ac-
8 tivities carried out under this title by the Secretary pursu-
9 ant to the Departments of Labor, Health and Human
10 Services, and Education, and Related Agencies Appropria-
11 tions Act, 2002 (Public Law 107–116).”.

12 **SEC. 604. AUTHORIZATION OF APPROPRIATIONS.**

13 Section 2692(c) of the Public Health Service Act (42
14 U.S.C. 300ff–92(c)) is amended to read as follows:

15 “(c) AUTHORIZATION OF APPROPRIATIONS.—

16 “(1) SCHOOLS; CENTERS.—For the purpose of
17 awarding grants under subsection (a), there and au-
18 thorized to be appropriated \$34,700,000 for each of
19 fiscal years 2007 through 2011.

20 “(2) DENTAL SCHOOLS.—For the purpose of
21 awarding grants under paragraphs (2) and (3) of
22 subsection (b), there are authorized to be appro-
23 priated \$13,000,000 for each of fiscal years 2007
24 through 2011.”.

1 **TITLE VII—MISCELLANEOUS**
2 **PROVISIONS**

3 **SEC. 701. HEPATITIS.**

4 (a) PROVISION OF CERTAIN COUNSELING SERV-
5 ICES.—Section 2662 of the Public Health Service Act (42
6 U.S.C. 300ff-62) is amended—

7 (1) in subsection (a)—

8 (A) in paragraph (1), by inserting “, hepa-
9 titis B, and hepatitis C” before the semicolon;

10 (B) in paragraph (2), by inserting “and
11 testing for hepatitis B and hepatitis C” before
12 the semicolon;

13 (C) in paragraph (6), by striking “and” at
14 the end;

15 (D) in paragraph (7), by striking the pe-
16 riod and inserting “; and”; and

17 (E) by adding at the end the following:

18 “(8) if diagnosed with chronic hepatitis B or
19 hepatitis C co-infection, the potential of developing
20 hepatitis-related liver disease and its impact on HIV/
21 AIDS.”; and

22 (2) in subsection (c)(3)(C)(i), by inserting “,
23 hepatitis B, or hepatitis B” after “exposed to HIV”
24 each place that such appears.

1 (b) USE OF AMOUNTS.—Section 2667 of the Public
2 Health Service Act (42 U.S.C. 300ff–67) is amended—

3 (1) in paragraph (2), by striking “and” at the
4 end;

5 (2) in paragraph (3), by striking the period and
6 inserting “; and”; and

7 (3) by adding at the end the following:

8 “(4) shall provide information on the trans-
9 mission and prevention of hepatitis A, B, and C and
10 the location of entities that provide hepatitis A and
11 B vaccinations to individuals with HIV.”.

12 **SEC. 702. TECHNICAL PROVISIONS.**

13 Title XXVI of the Public Health Service Act (42
14 U.S.C. 300ff et seq.) is amended by striking “HIV dis-
15 ease” each place that such appears and inserting “HIV/
16 AIDS”.

17 **SEC. 703. REPEAL.**

18 Section 2677 of the Public Health Service Act (42
19 U.S.C. 300ff–77) is repealed.



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